



FW 1615

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| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | 10/576,803 |
| | | Filing Date | April 21, 2006 |
| | | First Named Inventor | CHAMPION |
| | | Group Art Unit | 1615 |
| | | Examiner Name | Ghali, Isis |
| Total Number of Pages in This Submission | 26 | Attorney Docket Number | D-3150 |

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <small>(in duplicate)</small> | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC <small>(Appeal Notice, Brief, Reply Brief)</small> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below)</small> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Copy of the Information Disclosure Statement filed on March 20, 2007 and copy of the return postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---------------------------------|----------|--------|
| Firm Name | Stout Uxa, Buyan & Mullins, LLP | | |
| Signature | | | |
| Printed Name | Frank J. Uxa | | |
| Date | 6/29/07 | Reg. No. | 25,612 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|---------------|--------------|
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| Typed or printed name | Alicia Curran | Date 6/29/07 |

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